# NWS CHANGE FORM
## PART A

**1. DATE SUBMITTED**

RC_APO7

This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).

| 2. ORIGINATOR OFFICE | 3. SUBMITTING AUTHORITY | 4. COGNIZANT TECHNICAL INDIVIDUAL | 5. ORIGINATOR TRACKING NUMBER |
|---|---|---|---|
| NWS | Name: Paul Nipko<br>Routing Code: W/APO | Name: Chuck Piercy<br>Routing Code: W/APO1<br>Phone: 301-713-1570, x-124 | NCF-Nov16-99 |

**6. SYSTEMS AFFECTED BY CHANGE**

☐ DATA PRODUCTS (Complete Data Products Supplement)

☐ ASOS  ☒ AWIPS  ☐ CRS  ☐ NEXRAD  ☐ OTHER (specify) _____

**7. WSH TRACKING NUMBER**

## NWS 522

**8. TITLE OF CHANGE**
Adding products to the Satellite Broadcast Network (SBN) NCEP/NWSTG Channel

**9. TYPE OF CHANGE**

☐ HARDWARE  ☒ SOFTWARE  ☐ DOCUMENTATION ONLY

**10. SITES AFFECTED** (Attach Part B, Page 2, if needed)
SID: SLVM2   PID: ANCF   Type: ANCF
Site Name:   Office of Systems Operations
City: Silver Spring   RG: ER   State: MD
LnNo: DEV   Group: ANCF

**11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM** (Include problem report reference numbers.)

Products SXGB40  KWAL, SXMC40  KWAL, and SXSP40 KWAL are currently provided to the NCF from the NWSTG and are being uplinked on the fourth Non-GOES Imagery/DCP NOAAPORT channel. These products also need to be routed to the NWSTG/NCEP channel to support the Space Shuttle Trans-Atlantic Alternate Landing Site (TALS) forecasting by the NWS SMG staff.

**12. KNOWN OR PROPOSED SOLUTION** (Include source and description of new features or data products.)

Requirement in Block 11 above will be implemented through the modification of an existing configuration file at the NCF. This change will be implemented by the NCF.

**13. ALTERNATE SOLUTIONS**

None

**14. REQUIRED CHANGE DATE**
19 Nov 1999

**15. RATIONALE FOR REQUIRED CHANGE DATE** (Include proposed priority, if known.)

The proposed change date is the earliest possible date for the change to be implemented at the NCF.

## CCB/PMC/CMB DECISION

**16. DECISION AUTHORITY LEVEL**

☐ CCB LEVEL ONLY          ☐ PMC or NWS CMB DECISION REQUIRED

**17. CCB LEVEL DECISION**

☐ APPROVED

☐ RECOMMEND APPROVAL

☐ DISAPPROVED

SIGNATURE

DATE SIGNED

### FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED

**18. PMC OR NWS CMB DECISION**

☐ APPROVED

☐ DISAPPROVED

SIGNATURE

DATE SIGNED

# NWS CHANGE FORM
## PART A - DATA PRODUCTS SUPPLEMENT

**1. ORIGINATOR TRACKING NUMBER**

RC_APO7

This information is required for Data Products submissions. (Submitters should complete all applicable blocks, if known. WSH will assist.) Attach extra pages if necessary.

**2. WSH TRACKING NUMBER**

| 3. AWIPS ID | | 4. AFOS PIL | | | 5. WMO HEADER | 6. ADD REV DEL | 7. SEAS Y/N | 8. CHAR PER MSG | 9. FREQUENCY | 10. NWSTG DISTR | 11. AFOS DISTR | NWWS ONLY | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NNN | XXX | CCC | NNN | XXX | | | | | | | | 12. STATE CIRCUITS | 13. PRIME UPLINK | 14. B/U UPLINK |
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| FOR METAR CHANGES ONLY | | | | | | | | 19. INTERNAL NWS USE ONLY ☐ | 20. PRODUCT SOURCE | | 21. AWIPS DATA TYPE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15. COMMS ID | 16. N. LATITUDE | | | 17. W. LONGITUDE | | | 18. ELEV (M) | | | | | |
| | DEG | MIN | SEC | DEG | MIN | SEC | | 22. | A. CHANGE NOTICE | B. EFFECTIVE DATE | C. ISSUE DATE | |
| | | | | | | | | AWIPS | | | | |
| | | | | | | | | AFOS | | | | |
| | | | | | | | | NWWS | | | | |

| NWS CHANGE FORM PART B | 1. ORIGINATOR TRACKING NUMBER RC_APO7 |
|---|---|
| All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject. | 2. WSH TRACKING NUMBER |

## FUNDING INFORMATION

| Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.) | 3. SOURCE OF FUNDING | 4. TOTAL COST $0 |
|---|---|---|
| 5. DEVELOPMENT COSTS (Estimate development costs) | KMOD _____ BASE | AMOUNT |
| 6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) N/A | BASE | AMOUNT $0 |
| 7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) | KMOD _____ BASE | AMOUNT $0 |
| 8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) N/A | | AMOUNT $0 |
| 9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) This change will be implemented by the NCF at the estimate time of 1 hour. | KMOD _____ BASE | AMOUNT $0 |
| 9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) Contractor (PRC) - NCF Operations | KMOD _____ | AMOUNT Unknown |

## SUPPORTING INFORMATION AND SCHEDULES
### Provide detailed information needed to implement the requested change.

| 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) N/A | 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/a |
|---|---|
| 12. IMPLEMENTATION/RETROFIT SCHEDULE Start implementing the change on 19 Nov 99 at the NCF. | 13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A |
| 14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A | 15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED N/A |
| 16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) N/A | 17. COORDINATION OF CHANGE WITH OTHER CHANGES N/A |
| 18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A | 19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) No recurring workload impacts. |
| 20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) N/A | 21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) N/A |

22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.)

The NCF service engineer will implement the change at the NCF. The change will be implemented by 19 Nov 99.

| NWS CHANGE FORM — PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT | | 1. ORIGINATOR TRACKING NUMBER RC_APO7 | |
| --- | --- | --- | --- |

This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.)

2. WSH TRACKING NUMBER

| 3. ITEM NAME, CIRCUIT TYPE, SOFTWARE VERSION, OR SITE LOCATION | 4. REMOVE REPLACE MODIFY | 5. SUPERSEDED ITEM OR CONFIGURATION | | 6. SUPERSEDING PART NUMBER OR NEW CONFIGURATION | 7. DOC TYPE | 8. SUPERSEDED DOCUMENT | | 9. SUPERSEDING DOCUMENT | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | A. PART NUMBER OR | B. SERIAL NUMBER(S) OR | | | A. IDENTIFIER | B. | A. | B. REV |
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| NWS CHANGE FORM<br>PART C | 1. ORIGINATOR TRACKING NUMBER<br><br>RC_APO7 |
|---|---|
| WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions. | 2. WSH TRACKING NUMBER |

**3. CCB COST EVALUATION**

NWS COST $0    FAA COST $    DOD COST $    OTHER AGENCY COST $    TOTAL COST $0
(SPECIFY)_____

**4. IMPLEMENTATION DOCUMENTS REQUIRED**

☐ Engineering Modification Note    ☐ Software Release Notes    Other Document (Specify)_____

ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.)  Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.

| 5. IMPLEMENTATION ACTIVITY REQUIRED | 6. REQUIRED COMPLETION DATE | 7. RESPONSIBLE PERSON AND OFFICE | 8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION |
|---|---|---|---|
| A.  Coordinate implementation schedule with NCF through SST | 17 Nov 99 | Thigpen/SST, W/APO3 | See item C |
| B.  NCF to modify the configuration file as directed by SST | 19 Nov 99 | Thigpen/SST, W/APO3 | See item C |
| C.  Report implementation completion using NCF/SST data at AWIPS CCB meetings | 29 Nov 99 | Davidson, W/OSO112 | N/A |